

45 Railroad Street
Lee, MA 01238

Tri-Town Health Department

Application for Health Department Licences

Towns of Lee, Lenox and Stockbridge

info@tritownhealth.org

P. (413) 243-5540

F. (413) 243-5542

Application for License to Sell Milk/Cream

Dealer

Company Name: _____

Owner First Name: _____

Owner Last Name: _____

Manager First Name: _____

Manager Last Name: _____

Mailing Address: _____

Facility Address: _____

Business Phone: _____

Tax ID Number: _____

*Email Address: _____

Fax Number: _____

Fee Schedule Per Town

Town	Select "X"	Fee	Implementation
Lee		\$15.00	1/1/2014
Lenox		\$15.00	1/1/2014
Stockbridge		\$15.00	1/1/2014

Number of Towns: _____

Check Number(s): _____

Check Amount(s): _____

Please make checks Payable to EACH TOWN in which you are applying for license

Pursuant to MGL ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual or Corporate Name: _____

Signature of Corporate officer: _____

Date: _____

Payment is Due with Application. A \$35.00 Late Fee will be Assessed if Application is not Received by 12/31

Please mail Application & Fees to the Tri-Town Health Department

****As of May 1st 2015 an e-mail address is required to process every application.***